

TRANSMITTAL FORM

Attorney Docket No.
SVL920010014US
2069P

In re the application

RECEIVEDSerial No: **09/822,174**

Group Art Unit:

AUG 03 2004Filed: **Mar 29, 2001**

Examiner:

OFFICE OF PETITIONS

For: **Method and System For Providing Feedback Concerning A Content Pane To Be Docked In A Host Window**

ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input checked="" type="checkbox"/>	(1) Copies of References	<input checked="" type="checkbox"/>	Petition Under 37 CFR 1.313(c)	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input checked="" type="checkbox"/>	Request for Continued Examination Transmittal		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

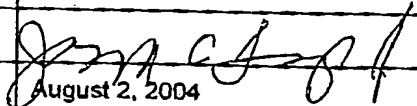
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$18.00	\$ 0.00
Independent Claims	0	0	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge all fees associated with this correspondence to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>04-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	August 2, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being hand carried to: Mail Stop Petitions, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: **August 2, 2004**

Type or printed name _____

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>8-7-04</u>		2 Serial/Patent # <u>09/822174</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
	Filing		\$
	Amendment		\$
	Extension of Time		\$
	Notice of Appeal/Appeal		\$
	Petition		\$
	Issue		\$
	Cert of Correction/Terminal Disc.		\$
	Maintenance		\$
	Assignment		\$
	Other <u>RCE</u>		<u>8-2-04</u> \$ <u>770</u>
		7 TOTAL AMOUNT OF REFUND \$ <u>770</u>	
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
	Overpayment	Credit Deposit A/C #:	
	Duplicate Payment	9 <u>84--0460</u>	
	No Fee Due (Explanation):		
<u>Petition dismissed as moot.</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Retr. Exmr.</u>	
SIGNATURE: <u>Karen Creasy</u>		PHONE: <u>305-8859</u>	
OFFICE: <u>DAC for Patents</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>8/4/04</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B